

CHRONIC SCURVY

VITAMIN C DEFICIENCY AS A CAUSE OF HEART DISEASE

Heart disease, which is chronic scurvy in disguise, can be remedied with high doses of vitamin C together with the amino acid lysine, a therapy pioneered by Nobel Prize winning scientist Dr Linus Pauling but is a threat to the medical/pharmaceutical establishment.

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The leading killer in the United States—the condition that those in medicine call "heart disease" or "occlusive cardiovascular disease"—is really a low-grade form of scurvy. This fact is becoming increasingly more difficult for modern medicine to deny.

Heart disease is a misnomer. The disease is characterised by scab-like build-ups that slowly grow on the walls of blood vessels. The underlying disease process reduces the supply of blood to the heart and other organs, resulting in angina ("heart cramp"), heart attack and stroke. The correct terminology for this disease process is "chronic scurvy", a sub-clinical form of the classic vitamin C deficiency disease.

The true nature of the disease was identified in the early 1950s by a Canadian team led by G. C. Willis, MD. This finding was confirmed in the late 1980s by the world's then leading scientist, Linus Pauling, PhD (1901–1994). Pauling alerted the world in lectures, in writing and on video after he and his associates conducted experiments that confirmed the Willis findings. To date, this alert has never made its way into a mainstream media outlet. Moreover, cardiologists are taught, and routinely tell their patients, that there is no connection between vitamin C and heart disease, and also that there is no value in vitamin C in amounts much higher than the minuscule RDA (recommended daily allowance).

From a scientific standpoint, if a medical doctor or anyone tries to challenge the true nature of cardiovascular disease, they must be able to cite experiments that refute the Pauling/Willis chronic scurvy hypothesis. *Such experiments have never been published.*

It's been 12 years since Pauling issued his final alert. Pharmacology professors Steve Hickey and Hilary Roberts, in their recent book *Ascorbate: The Science of Vitamin C* (2004), document that, incredibly, there have been no independent experiments published that were designed to test the Pauling hypothesis (except one at much lower doses that was conducted by Pauling's close associate Dr Matthias Rath).

We are aware of only one clinical study in humans that has been carefully designed to test the Pauling high-dose hypothesis. The study was performed in the UK with 200 men over a period of three years (1997–2000), and the data confirmed Pauling's theory and therapy. Yet, so far, Dr Kale Kenton's study has not appeared in a medical journal.

Will the giant pharmaceutical industry facing these facts survive or will it collapse in 2005? The end of the suppression of vitamin C will reveal the Codex Alimentarius restrictions for what they really are: a means to prop up an industry that has little reason to exist in its present form. The public is beginning to realise that the world's most profitable industry is really a house of cards. Its most profitable products are at best useless and at worst dangerous. Prescription drugs beget more drugs. The secret that dooms Big Pharma is that the best of health is achieved by taking high doses of vitamin C and avoiding toxic prescription medications as if your life depended on it.

History of the Great Suppression

The 700,000 people who die needlessly every year in the USA are those who heed the advice of their cardiologist. The American Heart Association estimates that 63 million Americans suffer cardiovascular disease. More than one million undergo some form of heart operation, and over 15 million are taking statin cholesterol-lowering drugs on the advice of their doctor. *These popular statin drugs are known to deplete CoQ10 (coenzyme Q10) and probably cause heart failure.*

The pioneering research into the relationship between vitamin C deficiency and heart disease began in the late 1940s, not long after the structure of vitamin C was determined.

Canadian doctors proved that a vitamin C deficiency causes the condition, commonly called "atherosclerosis". These doctors found that the condition will arise in 100 per cent of vitamin C-deprived animal test subjects that don't make their own vitamin C. Furthermore, these Canadian pioneers demonstrated that vitamin C alone reverses atherosclerosis in laboratory animals. (G. C. Willis, "The Reversibility of Atherosclerosis", *Canadian Medical Association Journal*, vol. 77, July 15, 1957, pp. 106-109)

The team performed similar studies in humans. The results, while not conclusive, showed reversals of atherosclerotic plaques in one third of the human subjects. Notably, these studies were of low doses, no more than 1,500 mg per day. (G. C. Willis, A. W. Light, W. S. Cow, "Serial Arteriography in Atherosclerosis", *Canad. M. A. J.*, vol. 71, December 1954, pp. 562-568)

The knowledge that heart disease is a form of scurvy has been suppressed from the time that the first series of Willis articles was published in the *Canadian Medical Association Journal* in the early 1950s. Inexplicably, since the 1950s, no articles favourable to vitamin C and its connection with atherosclerosis have appeared in a reputable medical journal that is widely read by medical doctors.

Cardiologists-to-be are taught that there is no relationship between vitamin C intake and heart disease, and that it is quackery to suggest otherwise. These assertions seem justified because reports of such studies are lacking. But, as vitamin C expert and pharmacology professor Dr Steve Hickey pointed out in email correspondence in December 2004, every cardiologist could have performed these studies on his/her own:

"Time has moved on and the medical profession has *failed* over the past 50 years to produce the required experiments. The budget of, say, the NIH [National Institutes of Health] alone is over \$27 billion but over the past 50 years no one has replicated the early vitamin C and heart disease research, which could be done by almost any cardiologist from petty cash," wrote Dr Hickey.

"Since Pauling and others have promoted ascorbate as a cure for heart disease, it seems silly that a potential cure for the worst killer in the developed nations [atherosclerosis] has not been refuted. To a scientist from any other discipline, this lack of interest would be bizarre.

"It's a fact that the experiments have been done in animals and the results show that ascorbate protects against atherosclerosis and may reverse it. There is some additional evidence from human studies that is consistent with this interpretation. So why have the human studies not been performed? Or, we may ask, if they have been performed, was the data withheld? The enemies of Pauling, as well as the drug companies, would love to see the Pauling hypothesis discredited," Dr Hickey concluded. "Why have the experiments not been reported?"

The Linus Pauling Lecture Video

In a 1992 lecture recorded on video, Dr Linus Pauling explained the reason atherosclerosis forms on the walls of arteries when vitamin C is deficient. He explained how a specific form of cholesterol causes plaques, compensating for low levels of vitamin C, and why his discovery of a rapid cure for chronic scurvy includes the amino acid lysine (see <http://www.paulingtherapy.com/>).

There is no doubt that the news of this cure has been suppressed, otherwise most of the public would have learned that twice Nobel Prize winner Linus Pauling had suggested it. Millions are dying needlessly for lack of disseminated knowledge of the Pauling discovery, which amounts to the suppression of it.

Is Linus Pauling's high-dose ascorbic acid and amino acid therapy the cure for heart disease? The crime is that *no one knows!*

Pauling and his former associate, Dr Matthias Rath, did their part by running the experiments and attempting to publicise these discoveries. Now it is up to other researchers in the medical scientific community. If there is the mere chance that Drs Willis, Pauling and Rath are correct, it is truly criminal to fail to run experiments under fair conditions.

Gross Negligence at the National Institutes of Health

Apparently, medical science is controlled by the drug industry. Even the US National Institutes of Health gives all appearances of being under the control of the drug industry, and it seems that not even members of Congress can overcome this obstacle.

In the years 1998 and 2002, the Vitamin C Foundation submitted grant requests for government funding to study Dr Pauling's theories. These requests were formally submitted to the new Office of Alternative Medicine at the NIH (see <http://vitaminfoundation.org/NCCAMgrant>).

The reasons for these requests were twofold: The Foundation sought funding so that Linus Pauling's recommended therapy would be fairly investigated in humans. All previously known tests have been performed with less than adequate amounts of vitamin C. These grant applications also put the United States Government on notice that Linus

Pauling had in fact made the claim of an outright cure for heart disease. The NIH was free to design, sponsor and run its own study with its own choice of scientists. Had such studies been conducted, millions of lives and billions of dollars might now have been saved. Unfortunately for Americans, the NIH's Office of Alternative Medicine rejected both grant requests and failed to run its own studies.

"Both requests were turned down by the United States Government, not because the reviewers had any objection to the science or the protocols but because the scientists and medical doctors that the Foundation recruited to run the study were 'inexperienced'. Apparently, investigators that run studies for the NIH have to be members of 'The Club'. This travesty is a matter of public record," according to Mike Till, Sr, co-founder of the Vitamin C Foundation.

The Debacle over Cholesterol-Lowering Statin Drugs

Cardiology has been on the wrong path for a long time. The result has been that heart disease is still the leading cause of mortality in the United States, and cholesterol-lowering statin drugs have become the top-selling class of prescription drug. Statin drugs generated more than US\$12.5 billion in annual sales in 2002, and *Forbes Magazine* claims the latest worldwide annual sales figure is \$26 billion, but these drugs have significant side effects (see <http://www.health-fx.net/eBook.pdf>). Vitamin C, with annual sales close to \$180 million, has the very same cholesterol-lowering property as the popular statin drugs.

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In 1985, two years prior to the introduction of the popular cholesterol-lowering statin drugs, the scientists who were investigating the enzymes that help the body produce cholesterol made an important discovery: *vitamin C is a powerful anti-cholesterol agent*. The vitamin C molecule inhibits the same enzyme, HMG CoA reductase, that the cholesterol-lowering statin drugs inhibit (see <http://www.jbc.org/cgi/content/abstract/261/16/7127>).

Individuals using home cholesterol-monitoring devices, such as the LifeStream® monitor (available in 55,000 retail outlets), report that 6,000 mg to 10,000 mg of vitamin C may be required for maximum cholesterol-lowering effect.

Statin Drugs Block Coenzyme Q10 Production and May Cause Heart Failure, Leading to Heart Transplants

The structure of coenzyme Q10 (CoQ10 or ubiquinone) was determined by the Merck scientist Karl Folkers after its discovery in 1957 (see <http://www.nutrition.org/cgi/content/full/131/9/2227>). There have been at least 35 clinical studies showing CoQ10's massive benefits for heart patients, especially patients suffering heart failure (see <http://www.coq10supplement.com/>). And in Japan, until last year CoQ10 was a heart medication only available by prescription.

The drug giant Merck learned during its research into lowering cholesterol that statin drugs block the body's production of its own CoQ10. This blockage of CoQ10 synthesis is a serious action of statins that causes fatigue, muscle pain and skeletal myopathy (a grave deterioration of muscle). Drug advertisements in Canada must carry the CoQ10 statin-depletion warning, but the US FDA does not require these important warnings, keeping US medical doctors in the dark and putting their patients at risk (see <http://www.naturesperfectstatin.com/warn.htm>).

Merck has more than one 1990 patent for adding CoQ10 to statins as a means of circumventing the issue of blocking CoQ10 biosynthesis (US Patent No. 4,933,165). Their having these patents since 1990 is proof that members of the Merck Corporation have been aware that statins cause muscle deterioration. (The Merck patents were never implemented, probably because the world supply of CoQ10 is far too limited to supply all statin drug users.)

It is sad and truly frightening that today's hottest-selling class of prescription drugs—cholesterol-lowering statin drugs—is known to deplete CoQ10 synthesis, yet these drugs are routinely prescribed to heart patients!

Transient Global Amnesia: Another Statin Side-Effect?

Former NASA astronaut and USAF flight surgeon Duane Graveline, MD, believes that the statin drug Lipitor caused his own case of transient global amnesia (TGA)—a statin drug-associated memory dysfunction experienced while flying (see http://www.spacedoc.net/Statin_flyer.html).

Dr Graveline believes that these drugs are the cause of a recent epidemic of TGA to hit emergency rooms and, fearing the dire

possibilities with airline pilots who take statins, he has begun a crusade to educate the medical profession and public about the potential danger of cholesterol-lowering drugs. He has written a book, *Statin Drugs: Side Effects and the Misguided War on Cholesterol* (see the Spacedoc.net website).

The Vitamin C Foundation has posted its collection of concerns at <http://www.vitaminfoundation.org/statinalert>.

Chronic Scurvy Verified by CardioRetinometry and Reversed with Vitamin C

It has long been known that human arteries weaken without vitamin C and other necessary nutritional support. "Atheromas" or "soft atherosclerotic plaques" are the names given to abnormal formations that appear in arteries. Dr Pauling and associates theorised with Willis that such plaque formations serve to strengthen arteries because they appear most often where the blood pressure is highest. Sometimes a weak artery ruptures and the resulting clot causes a heart attack or stroke. This condition is most properly characterised as chronic scurvy.

Atheromas in the microscopic arteries in the retina have been clearly visible to eye doctors, who until recently did not believe that such build-ups were reversible.

Dr Sidney Bush, DOpt, of the United Kingdom, accidentally discovered that atheromas can be reversed in those patients instructed to take from 3,000 mg to 10,000 mg of vitamin C daily (the amount depending on the effect on the retinal arteries). Dr Bush made his discovery while studying eye infections in contact lens wearers. Vitamin C was being tested as a preventive measure for these infections and, serendipitously, Dr Bush noticed that atheromas disappeared in the patients taking vitamin C. He reported that some patients require as much as 10,000 mg daily to reverse soft atheromas.

Dr Bush has invented a new diagnostic technique that he calls CardioRetinometry® (see web page <http://www.vitaminfoundation.org/bush/more.html>).

He believes this method of diagnosis will revolutionise cardiology:

"A new diagnostic technique can access coronary heart disease risk (CHD) suggested by universal retinal arterial atheroma, previously unsuspected as reversible. Physicians have overlooked, and optometrists/ophthalmologists were not expecting that vitamin C would have this effect. This effect was accidentally found and linked to the vitamin C that contact lens wearers had agreed to take. We have increasingly noticed it from 1999 using Retinometry in the Hull Contact Lens and Eye Clinic. Such a discovery requires urgent evaluation."

Dr Bush has also promoted the idea that chronic scurvy not only exists, but can be accurately measured. Eye doctors can now easily diagnose this condition by examining the microscopic arteries behind the eye before any symptoms of heart disease manifest.

Thanks to Dr Bush, we now know that vitamin C will reverse the condition in short order at the optimal dosage determined by CardioRetinometry.

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"People today are under the extremely seriously mistaken impression that nobody dies of scurvy any more! These studies may prove that we are all dying faster from scurvy than hitherto suspected," said Dr Bush.

"The pericorneal vasculature, studied frequently by contact lens practitioners, shows that scurvy affects all humans some of the time and most of us most of the time. The largely unrecognised chronic subclinical form can best be diagnosed (and cured) by optometrists using sequential electronic retinal artery images and highly variable amounts of vitamin C, occasionally with other nutrients," he noted.

CardioRetinometry clearly demonstrates the relationship between vitamin C intake and "atheromas"—plaques forming on the arteries that serve the retina in the eye. Dr Bush has published before and after pictures taken with his new method and advocates the need for rigorous studies:

"The atheroma of the retinal arteries is a virtually perfect surrogate outcome predictor of coronary heart disease and will continue to be so as long as the eyes are connected to the rest of the system. The modern electronic eye camera/microscopes with high-definition magnification facility show the impacting of the cholesterol beautifully and also its redissolving into the bloodstream when the system is restored to balance. And this is seen in arterioles too small to be seen with the naked eye!

"Whilst day-to-day variations in the pericorneal vessels are a relatively easily readable 'barometer' of 'ephemeral' scurvy, especially when viewed via the slit lamp biomicroscope of the contact lens practitioner, little attention has been paid to it except by a few dedicated medical practitioners.

"The pericorneal arterioles and capillaries can be and are graded in my system of practice into ten degrees of scurvy, allowing the accurate prediction to patients of how much or little vitamin C they have been eating. The highest mark anybody has had is 94%. When I started this grading, c. 1997, I confounded my nursing staff by being able to correctly identify patients who ate no or few greens. But the same ease of observation does not attach to identification of the chronic subclinical variety. It cannot identify dietary faults in the most recent past. In a similar way, to slow build-up of vitamin E in the body fat and cell walls of the brain, it takes over a month to be sure what is happening to the cholesterol in the retinal arteries."

Dr Bush now has evidence that even calcified "hard" plaques can be reversed over the course of two years on a high vitamin C intake. This development throws a hammer into the government/Codex "recommended" daily allowance of 60 mg and the 2,000 mg maximum tolerable allowance.

"The moral of the story is to have regular examinations of the retinal arteries by a patient, suitably equipped, optometrist trained in CardioRetinometry. This is in my opinion, after five years of observation of my patients' health, the most valuable safeguard of one's cardiovascular [system] and probably many other systems, as they do not act in isolation."

Our Path to Vitamin C and Other Discoveries

In 1994, no one knew whether Linus Pauling's high vitamin C/lysine protocol really worked. Our company, Intelisoft Multimedia, Inc., had obtained the rights to the Pauling video on heart disease and tried to promote it (see <http://www.paulingtherapy.com/>). At that time, the author had no financial interest in any nutritional product.

Years later, we realised that Pauling's close associate, Matthias Rath, apparently had not fully appreciated what Pauling had been advocating. For this reason, we took on the task of promulgating Pauling's discoveries. Tower Laboratories Corporation was willing to promote a new product with sufficiently high doses of vitamin C and lysine which matched Pauling's dosage recommendations (see <http://www.towerlaboratories.com/>).

From the beginning, the Pauling therapy began to absolutely cure the incurable—miracle after miracle. Many of these testimonials have been written and are posted at the video website

PaulingTherapy.com. Yet, none of the old media printed a word about this phenomenon.

Consumer health advocate Kevin Trudeau has written a new book entitled *Natural Cures They Don't Want You To Know About* (see <http://www.naturalcures.com/>). Most of the information in this book dovetails with our experience during the past decade in advocating the Pauling therapy for heart disease. Trudeau points out that it is against Federal law to tell people that a particular product cures a disease, without consent from the government. Kevin is angry, and I feel the same way.

Almost everyone in authority concerned with heart disease (except patients) knows or has been advised that Pauling's theory is undeniable and that his recommended therapy works quickly.

The safe and effective answer to the most common form of heart disease—plaques forming over weak arteries—is 6,000 mg to 18,000 mg vitamin C daily to strengthen the arteries. And Dr Pauling's invention of administering high-dose lysine—2,000 mg to 6,000 mg—resolves existing plaques. This combination appears to work in most individuals within 10 days, with the correct dosage.

The general attitude of traditional medicine is wrong and self-serving on these matters. Instead of depriving patients of a potentially life-saving therapy until the "necessary" (and, as yet, still unplanned) studies are run, doctors should be recommending Dr Pauling's therapy to all heart patients until there is evidence that this non-toxic therapy *doesn't* work. We have heard reports of cardiologists becoming livid after having been briefed on Pauling's theories by respected sources. These doctors expressed verbal frustration at their medical journals for not informing them of these developments.

The Solution to Other Forms of Heart Disease

• Heart Failure

Many people experience a remission from heart failure after they adopt Pauling's vitamin C and lysine therapy. However, there is much evidence that the cause of heart failure in most

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people is a coenzyme Q10 deficiency. This vitamin-like coenzyme is required in our fuel cells, the mitochondria, in order to manufacture the body's fuel, adenine triphosphate (ATP).

Several other vitamins are required for the human body to produce its own CoQ10, and humans are known to synthesise less CoQ10 as we age. Scores of prescription drugs, and in fact all the cholesterol-lowering statin drugs, block the body's production of CoQ10! Therefore, it can be accurately stated that these drugs, given to most heart patients, cause a form of heart disease: heart failure. The rate of heart failure has tripled, and CoQ10 experts cite studies which attribute this increase to higher dosages of statins (see <http://www.dogpile.com/info.dogpl.toolbar/search/web/an%2Bepidemic%2Bof%2Bheart%2Bfailure>).

The only recognised cure for heart failure is heart transplant. Forget Vioxx, Celebrex, Aleve, etc.: the statin drugs are an even bigger scandal.

• High Blood Pressure/Hypertension

Normally, blood pressure elevates during times of stress (fight or flight) for short periods. The higher blood pressure ensures that glucose and other nutrients enter the cells in order to aid response to the stress. It is also normal for high blood pressure to normalise after the stressful event passes. Generally, doctors measure blood pressure because a small narrowing of the artery has an exponential effect on hypertension. This blood pressure reading is considered an indicator of (weak) arterial plaque.

According to discussions in the *British Medical Journal*, ophthalmologists have noticed that the plaques form in microscopic retinal arteries before the onset of elevated blood pressure (see <http://bmj.bmjournals.com/cgi/eletters/329/7457/79#68348>).

Pauling's therapy is an effective treatment for hypertension, as are other nutrients such as magnesium, vitamin B6, the amino acid arginine and several other orthomolecular approaches. Health journalist Bill Sardi believes that 200 mg of vitamin B6 is more effective than many prescription drugs for hypertension (see http://www.askbillsardi.com/sdm.asp?pg=hyper_1).

• Calcified Arteries

Many heart patients have hard or calcified arteries. This condition makes heart attack more likely because blood vessels are unable to dilate properly in the event of a clot or blockage. The most probable cause of excess calcium building up in the arteries of heart patients is the use of blood-thinners. These prescription medications either simulate or block vitamin K, and they are routinely prescribed.

There are over 200 Medline studies as evidence of our suspicion that this is a fact (see http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=Display&dopt=pubmed_pubmed&from_uid=9743228).

High-dose vitamin K reduces calcium in soft tissues and is considered a standard treatment for osteoporosis in Japan. The vitamin acts as a hormone and helps move calcium from soft tissues into bone (see <http://www.lef.org/magazine/mag2000/feb00-report.html>).

Chelation doctors deserve great respect. Their EDTA detoxification therapy benefits many patients, but EDTA will not cure

heart disease by itself. The chelation treatments that *are* effective incorporate a supplement program which includes vitamin C.

• Heart Attack

Strong vitamin C/lysine-fortified arteries are less likely to rupture. If there is no rupture, there will be no clot. If there is no clot, there will be no heart attack caused by a blockage of blood to the heart.

World Health Organization researchers have discovered that low-serum vitamin E is a 70 per cent better predictor of heart attack than either hypertension (high blood pressure) or high cholesterol (see <http://www.acgraceco.com/studies/unstudy.html>).

Also, K. K. Teo and others have discovered that a magnesium injection immediately after a heart attack saved 55 per cent of those who would have died (a placebo-controlled trial; see <http://www.internetwks.com/pauling/jon.html> and *British Medical Journal* 303:1499-1503, 1991).

• Congenital Heart Defects and Heart Damage

We have documented extraordinary cases of patients whose damaged hearts, as measured by EKG, have returned to normal.

Harvard medical researchers found that vitamin C was the only one of 880 substances tested that caused heart muscle cells to regenerate from stem cells (see <http://www.sciencedaily.com/releases/2003/04/030401073122.htm>).

It is our experience that a good natural vitamin E with mixed tocopherols and tocotrienols (such as 2,000 IU Unique-E from A. C. Grace), in conjunction with high vitamin C as ascorbic acid, is required for EKG reversals

(see vitamin E links at <http://www.vitaminfoundation.org/vite.htm>). Such a reversal occurred in three months (see <http://www.internetwks.com/carolsmith>).

• Cardiology: A Real Nightmare Scenario

Heart patients have the right to be highly sceptical or even fearful of their cardiologist. With the exception of the nitroglycerine patch (see <http://www.internetwks.com/owen/suppress.htm#NITRO>), there are no standard heart medications or treatments that *do* help heart patients. (Nitroglycerine allows the body to create more nitric oxide, which dilates arteries for temporary relief of angina pain. Strangely, the FDA recently turned down an application for a new-style nitroglycerine patch; see <http://www.medicalnewstoday.com/medicalnews.php?newsid=18335>.)

In our opinion, all prescription treatments, of which we are aware, make patients worse by blocking CoQ10 or by causing rapid calcification of soft tissues, by making blood clots more likely or by raising blood pressure. Trusting patients are being taken advantage of. Heart surgery fails in 40–50 per cent of patients because the plaque quickly regrows (restenosis).

According to Discovery Health Channel, almost 40 per cent of patients on a heart-lung machine suffer cognitive dysfunction. This is one reason former US President Bill Clinton underwent a "beating heart"-style heart bypass operation which does not utilise a heart-lung machine.

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Conclusion

Those who fear the upcoming Codex restrictions on supplements are now willing to turn to vitamin C and its relevance to heart disease in order to further their attacks on artificial governmental guidelines and restrictions. Codex proponents, claiming to base their decision on science, find that the late Dr Linus Pauling continues to be a difficult opponent in the battle for public opinion.

Drs Hickey and Roberts have published their newest critique of the science behind the governmental recommendations of daily vitamin C intake. These professors expose unbelievable errors at the NIH. As other scientists become aware of their latest book, *The Ridiculous Dietary Allowance* (see <http://www.lulu.com/content/92249>), and their analysis is verified, a large impact in the scientific community is predicted.

Dr Bush's work and his new CardioRetinometry method of diagnosis is exceptionally interesting in its process. It will soon leave little doubt as to the cause of atherosclerosis and the simplicity with which it can be reversed with high dosages of vitamin C. Reversals require dosages of

vitamin C that are far above the Codex-inspired "tolerable upper-maximum limits".

Vioxx and other evidence of malfeasance at the FDA have caught the public's attention. Master television marketers such as Kevin Trudeau and Bill Sardi work to change the image of prescription medications in the minds of the public.

However, if the Codex restrictions on supplements are approved, it will soon become very difficult to obtain vitamin C in optimal amounts.

About the Author:

Dr Owen R. Fonorow is president of Intelisoft Multimedia, Inc. and is based in Illinois, USA. His company owns the distribution rights to Nobel Prize winner Dr Linus Pauling's video on heart disease. He is a co-founder of the Vitamin C Foundation and is the owner of Owen R. Fonorow Naturopath & Associates, a consulting firm that combines more than 50 years of learning and experience about vitamins, minerals, amino acids, antioxidants and enzymes.

Dr Fonorow's nutritional speciality and primary interest is vitamin C, and clients include health professionals as well as the general public. Recently he has worked closely with nutritional manufacturer

Tower Laboratories of Las Vegas, Nevada, and has designed several of their high-dose vitamin C products.

Owen Fonorow graduated from the US Air Force Academy in 1976 and earned his MBA before leaving the Air Force in 1981. He joined AT&T Bell Laboratories in 1984 as a member of the technical staff until his retirement in 2001.

Fascinated since 1983 by Dr Linus Pauling's research into vitamin C, Fonorow went on to earn his PhD in Nutritional Science in 2002 and the degree Doctor of Naturopathy from Chatworth College in 2003. His dissertations dealt with the relationship of vitamin C deficiency to heart disease and the inherent problems with the current health care system.

Dr Fonorow can be contacted by email at owen@vitaminfoundation.org. His original article, "Chronic Scurvy: The Suppression of the Real Nature, Cause and Outright Cure for Heart Disease", can be found at <http://www.internetwks.com/owen/suppress.htm>. For more information on related research, refer to the following websites that Dr Fonorow maintains: <http://www.PaulingTherapy.com>; <http://www.VitaminCFoundation.org>; <http://www.TheCureForHeartDisease.com>; <http://www.NaturesPerfectStatin.com>.